

APPLICATION FORM
For
Special Use Permit
Non-Profit Organizations Operating on Parklands

U.S. DEPARTMENT OF THE INTERIOR



National Park Service

240 West 5th Avenue, Room 114
Anchorage, Alaska 99501

Ph: (907) 644-3362 or 644-3533 Fax: (907) 644-3813 or (907) 644-3814

Website: www.nps.gov/akso/concessions/home.htm

Email: brenda_coleman@nps.gov

For which year(s) is the permit being requested? _____, _____

Note: This application is for organizations deemed by the Internal Revenue Service (IRS) to be of a Non-Profit status. **The Application and Administrative Fees are WAIVED for qualifying Non-Profit Organizations.**

1. Each applicant must provide the following with the application.
 - (a) A **Statement attesting that no taxable income will be derived from activities in the NPS boundaries.** This Statement must be signed by an authorized individual such as an officer of the organization or a person authorized by a Power of Attorney. If a power of attorney is used, please attach a copy.
 - (b) A copy of **IRS Ruling or Determination Letter** (verifying Non-Profit Status)

2. Organization _____
Name of Organization Applying for Permit _____ Other Names used (d.b.a.) _____

Summer Mailing Address

Winter Mailing Address (Same ☒)

<p>Address: _____</p> <p>City, State, Zip _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> <p>Website: _____</p>	<p>Address: _____</p> <p>City, State, Zip _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> <p>Website: _____</p>
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3. Nature of this Organization (e.g.: boy scouts, university) _____

4. Federal Tax Identification Number _____

5. Names & titles of authorized agent(s) for this organization.

6. Please identify the park unit(s) you will use and the activity in which you will engage:

1st Park: _____

Activities: _____

Start Date: _____ Number Groups Per Day _____ Number of Participants Per Group _____ Number Group Leaders: _____

What area(s) of this park will you use: _____

2st Park: _____

Activities: _____

Start Date: _____ Number Groups Per Day _____ Number of Participants Per Group _____ Number Group Leaders: _____

What area(s) of this park will you use: _____

3rd Park: _____

Activities: _____

Start Date: _____ Number Groups Per Day _____ Number of Participants Per Group _____ Number Group Leaders: _____

What area(s) of this park will you use: _____

7. Signature: False, fictitious or fraudulent statements of representations made herein may be grounds may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001).

Signature

Printed Name

Title

Date of Application

Mail all to: National Park Service, Concessions, 240 West 5th Avenue #114, Anchorage, AK 99501 or

Fax to: 907-644-3813 or 907-644-3814. **(Do Not Send Payment - Fees are WAIVED)**